

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. **158**  
Registered No. **624**

## 1. PLACE OF BIRTH

County **Ada**State **Arizona**

District or Township

or Village

City **Miami**No. **Cedar Ave**

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed..

2. Full name of child **Gerry Lee Walker**3. Sex of Child To be answered ONLY  
in event of plural  
births. **Male**

4. Twin, triplet or other.....

6. Legitimate? **Yes**

7. Date

of birth

**Nov 20-1930**  
Month Day Year

5. No. in order of birth.....

## 8. FATHER

Full name **Ernest E. Walker**9. Residence  
(Usual place of abode) **Miami**If non-resident, give place and state. **Arizona**10. Color or race **White**11. Age at last birthday **26** (Years)12. Birthplace (city or place) **Ada**(State or country) **Okla**13. Occupation **Professor**Nature of Industry **High School**

## 14. MOTHER

Full maiden name **Julia Willie Jo Hale**15. Residence  
(Usual place of abode) **Miami**If non-resident, give place and state. **Arizona**16. Color or race **White**17. Age at last birthday **18** (Years)18. Birthplace (city or place) **Katie**(State or country) **Okla**19. Occupation **H. W.**

Nature of Industry

20. Number of children of this mother  
(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living **1**(b) Born alive but now dead **0**(c) Stillborn **0**21. Were precautions taken against oph-  
thalmia neonatorum? **Yes**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive** at **10:30 P** on the date above stated.  
(Born alive or stillborn)\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Signature **Charles E. Swin**

(Physician or midwife.)

Given name added from  
a supplemental report.

Month, day, year

Address **Miami Arizona**Filed **Nov 20 1930**

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Registrar.

Registrar.

169-1120-185